



PATIENT

Wally Robertson-
Little

PRESENTING CLINICAL SIGNS

Elevated pre and post bile acids. Lethargic. Soft stools.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Chihuahua Mix

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

The area of the residual prostate gland was free of overt pathology.

M/N

The area of the aortic trifurcation was free of pathology.

AGE

7

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.

WEIGHT

11.6 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.51 cm width at the cranial pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

Liver/ Gallbladder

The liver was mildly enlarged exhibiting normal hepatic vascular volume with generalized mild nonuniform increased parenchyma echogenicity with intermittent discrete hypoechoic intraparenchymal nodules.

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The gallbladder was non-distended to mildly subnormal in size containing anechoic content primarily with minor echogenic luminal debris. The gallbladder walls were sonographically normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The common bile duct was normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with formed to semi-formed fecal matter exhibiting mild progressive distal acoustic shadowing.

BREED

Chihuahua Mix

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

M/N

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.6 kg

- Hepatopathy exhibiting mild nonuniform hyperechoic to intermittent discretely nodular parenchyma
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic presentation was not specific with considerations including vacuolar hepatopathy, chronic inflammatory / immune-mediated disease i.e., chronic active hepatitis / cholangiohepatitis, discrete areas of nodular hyperplasia, extramedullary hematopoiesis, or other hepatopathy with infiltrative neoplasia considered less likely. No overt evidence of a portosystemic vascular anomaly given adequate hepatic vascular volume and without evidence of additional commonly seen clinical signs such as cystic or renal calculi.

IMAGING PERFORMED BY

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RDCS

Assuming normal clotting status, screening hepatic FNA cytology, using a 25-gauge needle, is warranted for further assessment. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

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No overt evidence of gastrointestinal structural pathology, although potential contributing factors may include dietary intolerance / food allergy, structurally insignificant inflammatory gastroenterocolonopathy, low-grade to chronic pancreatitis, occult parasitism, or dysbiosis. Dietary trial with potential long-term dietary therapy, prophylactic deworming even if fecal testing is negative, high colony count probiotics such as Provable and as-needed GI support and monitoring of gastrointestinal response is recommended.

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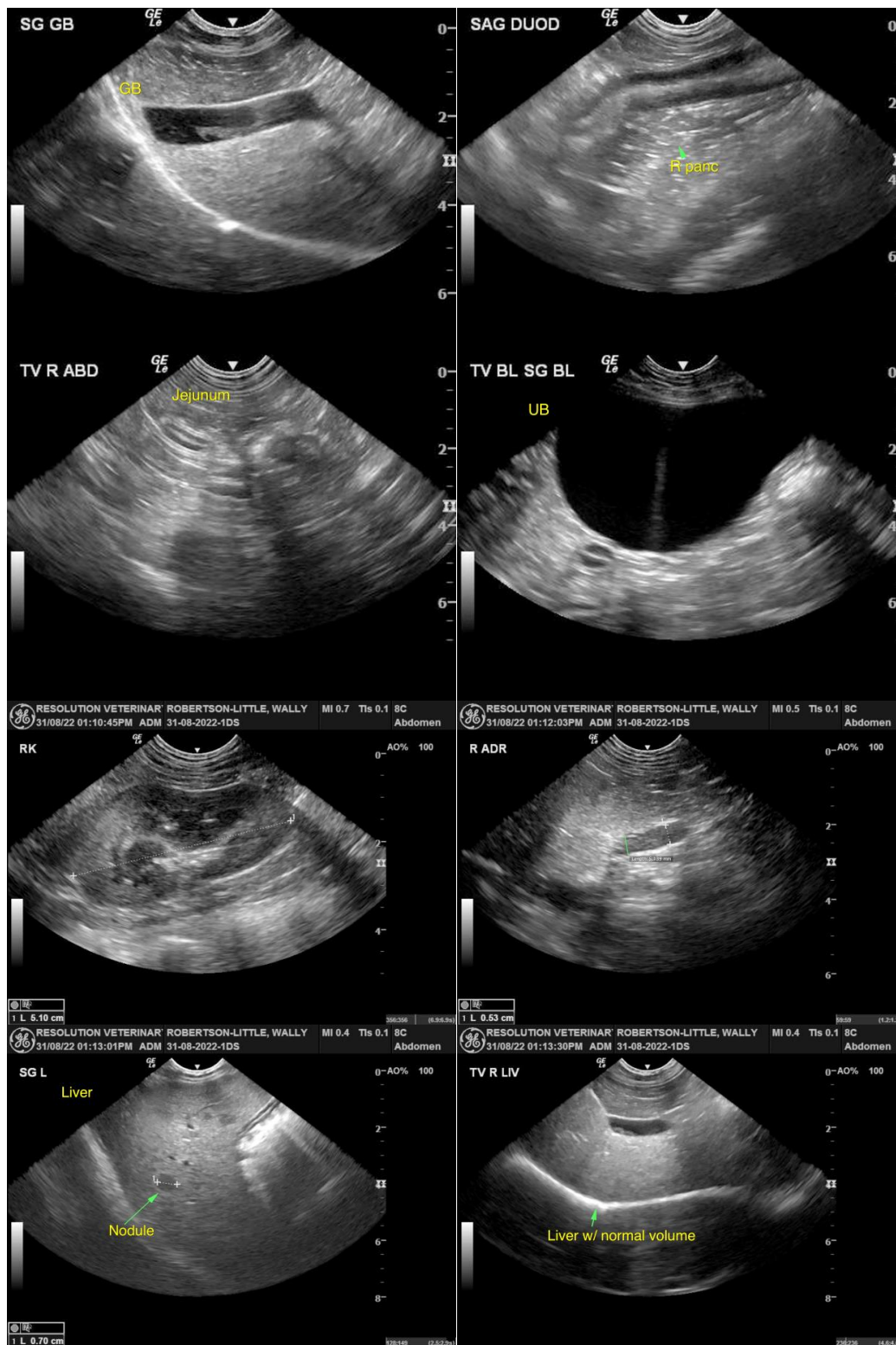
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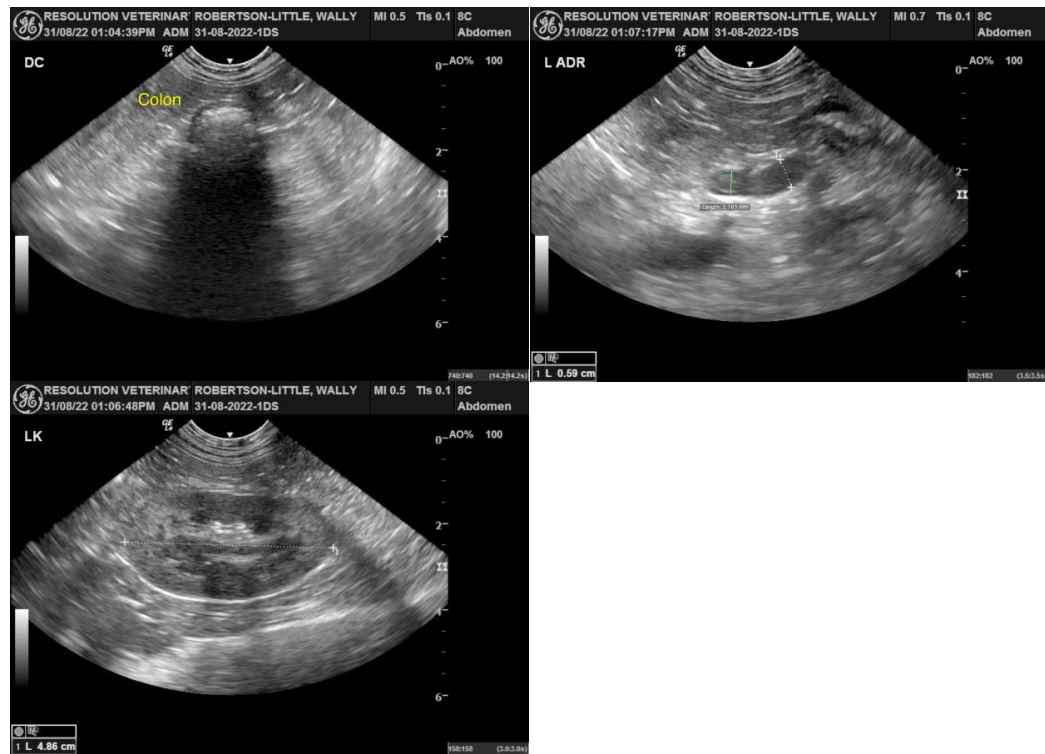
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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